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## HYGIENIC TREATMENT OF CONSUMPTION.

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THE chief point with reference to hygienic treatment, to which I wish to direct attention, is the use of articles of diet which tend to unite readily with oxygen, and may thus, in the disabled condition of the pulmonary organs, promote a more perfect performance of their functions. Liebig has shown that there are two kinds of nutriment—the plastic or sanguigenous, which form the tissues of the body, and are derived from the vegetable as well as the animal kingdom. A portion of these is necessary not only in pulmonary diseases, but under all circumstances. The other is the non-nitrogenous or combustible, which support respiration. Starch, sugar, fat, and alcoholic liquors, are the chief of these. As we have seen that there is reason to believe that the efficacy of cod-liver is, partly at least, due to the fact of its serving this purpose better than any other oil or fat, it becomes us to inquire, if we can support its action by any other means calculated to produce a similar effect.

It must be evident, that if oxygenation be deficient in chronic diseases generally, and in pulmonary diseases more especially, the deficiency could be counteracted, so far as the ingesta are concerned, only in one of three ways: by giving remedies capable of directly communicating oxygen to the system—by giving such as would determine a greater action of the atmospheric oxygen upon the tissues of the body, or the combustible constituents of the food—or by selecting articles of diet having a strong affinity for oxygen, and which might therefore cause increased absorption at the lungs. It has been thought that nitric and nitro-muriatic acids have some oxygenating power; but whether this be so or not, there can be no doubt that, given in conjunction with cod liver, they promote its beneficial action, a fact of which experience has fully convinced me. It has also been thought that chlorate of potass has likewise an oxygenating power; and it has been said by Dr. Williams and others, that it is a remedy of some efficacy in this disease, but on this point I cannot speak from experience. Peroxide of hydrogen, or oxygenated water, is a compound which would certainly have a direct power of communicating oxygen; but I am not aware that any trials have been made with it.

Again, with reference to remedies capable of increasing the action of

oxygen on the tissues of the body or the food, I would observe, that alkalies have this power to some extent. The blood is an alkaline fluid, and its alkalinity is essential for the various purposes it serves, more especially respiration and animal heat. The experiments of Dr. Parkes show that liquor potassæ is a remedy which determines increased oxygenation of the tissues; and I may observe that in some states of pulmonary disease it is a very valuable medicine.

Of the combustible articles of food there is none which appears to have a stronger affinity for oxygen than *sugar of milk*,\* which is an important constituent of all kinds of milk. As yet I believe it has never been used to any great extent as an article of diet; but, as there is probably none, unless it may be some of the oils, which has so great an attraction for oxygen, or so readily affords material for respiration, it appears to be deserving of much greater attention in this point of view than it has yet received, more especially as there are already facts proving its utility in consumption. It has long been known that asses' milk is a valuable article of diet in advanced cases of consumption, and in pulmonary diseases generally. It seems to afford a certain amount of nourishment without any excitement. In the case of a lady, who came under my care in a very advanced stage of consumption, it appeared to have a decided effect in prolonging life. Dr. Pereira says, "in the convalescence from acute maladies, in consumptive cases and chronic diseases of the digestive organs, it is a most valuable aliment." Now, as sugar of milk forms the chief nutritive constituent of the milk of the ass, as well as that of the mare, we must ascribe its beneficial properties to this article. I would also observe that whey has been found useful in consumption. Dr. Pereira has remarked, that whey, the nutritive properties of which depend upon the sugar of milk, is well adapted for pulmonary and catarrhal affections, especially incipient phthisis and hæmoptysis; also, that it promotes the action of the secreting organs, and is useful in congestion of the *liver*. Goats' whey has been more especially used in consumption; and Ancell directs attention to it, observing, "it has been said that the use of goats' whey, of particular localities, in large quantities, two or three quarts in a morning, has cured consumption." He attributes its beneficial effects to its impregnation with the aroma of herbs, observing that the whey of goats fed on the mountains of Wales, Ireland, and the Swiss Alps, has obtained the highest celebrity. Any superior advantage it may have in these localities, must, however, be attributed to the beneficial effect of the mountain air upon the patient; and any curative value it possesses must be ascribed to the sugar of milk, which forms the chief part of this as well as other kinds of whey, and of asses' milk.

The facts now adduced are the result of practical observation, apart from any theoretical opinion as to the sugar of milk. They are sufficient to arrest attention, and should lead us to inquire, if there be anything further in its properties or composition, which would lead us to ascribe the beneficial properties of these articles of diet, to sugar of milk,

\* In the cheese dairies of England thousands of cwts. of this valuable respiratory matter are annually lost in the whey.—*Liebig's Letters on Chemistry*, 3d ed., 1851.

and would justify the opinion expressed of its nutritive qualities in pulmonary affections. Further inquiry will show that there are: and, in order to prove this, we shall examine it with respect to its attraction for oxygen; its power of supplying material for respiration and animal heat; and the nature of the changes it undergoes when taken as an aliment.

The attraction of the sugar of milk for oxygen is very considerable, so much so, that in certain circumstances it has the power of reducing some of the metallic oxides more or less completely. The circumstances in question are the presence of an alkali. With ammonia, the elements of sugar of milk take, from oxide of silver, the whole of its oxygen; and with potass, from the oxide of copper, one half of its oxygen. When sugar of milk is taken as food, it is either absorbed at once into the blood, or is converted into lactic acid. We have seen that the blood is an alkaline fluid. It furnishes therefore the necessary condition for the oxygenation of sugar of milk; and as we know, that the oxygen absorbed in the process of respiration combines first, and chiefly, with those substances which have the greatest affinity for it, there is no reason to doubt, that it at once supplies fuel for respiration, an important matter where the lungs are disabled; and thus we can readily account for the beneficial properties of those kinds of aliment, of which it forms the chief component. The formula of sugar of milk is  $C^{12}O^{12}H^{12}$ , and when absorbed into the blood it disappears with great rapidity, being converted into carbonic acid and water. Twelve equivalents of oxygen displace the hydrogen and form carbonic acid, and the twelve of hydrogen unite with an equal number of oxygen to form water. It would seem, however, that part of the sugar of milk is converted into lactic acid in the stomach, and when this enters the blood it forms an alkaline lactate. This also undergoes oxydation; and Lehmann observes, "we know of no substitute which could better act in the blood as food for the respiration, than the alkaline lactates." In order that sugar of milk may undergo oxydation in any of the ways referred to, whether out of the animal economy, when directly absorbed into the blood, or after conversion into an acid, it would seem that the presence of an alkali is necessary. This leads me to observe, that Dr. Parkes found, in his experiments with liquor potassæ, that two very different effects were produced, according as it was given, fasting, or soon after a meal. In the former state, it produced a powerful oxydizing effect upon the tissues of the body, and increased the quantity of extractive matters in the urine. In the latter it appeared to have no such effect, simply acting as an antacid. He has not attempted to give any explanation of this; but I conceive, that it may have been owing to the action of the alkali being produced, upon the saccharine and other materials for respiration contained in the food, the presence of which may thus have protected the blood and tissues of the body from being directly acted upon.

There is one other point, with respect to the supply and use of saccharine and oleaginous materials for the purpose of respiration and combustion, which I have still to notice. It is the fact, originally pointed out by Liebig, and now admitted by physiologists, that one of the great offices of the liver is, the preparation of combustive material for the res-

piratory process. This is a point which has not been sufficiently kept in view by medical men; but it is one of great practical interest, when we consider that the function of the lungs, and that of the liver, are so intimately connected and mutually dependent, that derangement of the secreting function of the latter, must necessarily interfere with the former, and may not improbably be one of the chief causes of a tubercular state of the blood. The liver prepares the combustive materials for respiration; and of this there are two sources, one being the worn-out tissues of the body, the hydro-carbonaceous part of which forms bile, and being re-absorbed is consumed at the lungs; the other is the saccharine and fatty matters of the food, which are consumed in a similar way. It would seem, however, that the liver has not only the power of preparing the latter, but also of forming saccharine at least, if not oleaginous matters from the blood. A defect in this power may be one of the great causes of tubercular diseases, and if we can—by giving a ready-formed oil which is stored up at certain times in the liver of the cod-fish—rectify to a great extent any defect in its action, so far at least as the oleaginous material for respiration is concerned, there is good reason to expect that still more may be gained, by giving in a ready-formed state, the other combustive material, the saccharine. Dr. Carpenter says, “It appears that fatty matters are elaborated in the liver from saccharine or some other constituents of the blood; so that even when no fat can be detected in the blood of the vena porta, that of the hepatic vein contains a considerable amount of it. A portion of this fat may be destined for immediate elimination in the lungs; but if the supply that should be introduced by the lacteals be deficient, it would doubtless be made subservient to the formative processes. So, again, it would appear certain, that the liver elaborates from some other constituents of the blood a saccharine compound (diabetic sugar), which is destined for immediate elimination.” Lehmann, on the other hand, states that the blood entering the liver by the vena porta contains much fatty matter, whereas that leaving it by the hepatic veins contains a diminished quantity, and much sugar; and he has endeavored to show that the biliary matter, or cholic acid, is formed from sugar and fat, still serving, though less directly, the purpose of preparing food for the lungs. Whichever view be correct, we see how important is the correct performance of the function of the liver in reference to pulmonary diseases, and how curiously the saccharine and oleaginous constituents of nutrition are linked together, not only in the ultimate purpose they both serve in the animal economy, but also in their preparation for this purpose by the same organ.

The preceding facts and train of reasoning have led me to use sugar of milk as an article of diet, along with the other food, in some cases of consumption; and, as I believe, independent of the statements with reference to whey and asses' milk, that I have seen advantage from it, I wish now to recommend it as an article of diet deserving of more extensive employment. I may also remark, that the use of grapes in considerable quantity, as an article of food, has had a certain reputation in consumption, being called the *cure des raisins*, and that they contain a large quantity of grape-sugar, the kind which most nearly resembles milk sugar in its character and composition.—*Report on Consumption.*

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## HAS MEDICAL SCIENCE LENGTHENED HUMAN LIFE?

[Dr. S. G. Armor, of Cleveland, Ohio, is the author of a Prize Essay which was read before the Ohio State Medical Society at its Annual Meeting in June last. The Essay is on the "Zymotic Theory of Essential Fevers, and other disordered conditions of the Blood." In an Appendix to it, the author treats of the progress which has been made in medical science, and the influence it has had upon the mean duration of human life, and extracts the following statistics bearing upon this point from the excellent address delivered by Professor Alonzo Clark, of Albany, before the New York State Medical Society, at its last annual meeting. As Dr. Clark's address was not particularly alluded to by us at the time of its publication, we take pleasure now in copying into our pages, from the Ohio Prize Essay, his valuable contribution to vital statistics.]

Professor Clark first introduces the testimony of the great English historian, and proves, by an unanswerable array of testimony, that medical science *has* greatly lengthened human life.

Macaulay, in his History of England, says:—"The term of human life has been lengthened in the whole kingdom, and especially in the towns. In the year 1685, not accounted a sickly year, more than one in twenty of the inhabitants of the capital died; at present only one in forty dies annually. The difference between London of the 19th century, and the London of the 17th century, is greater than the difference between London in ordinary years, and London in the cholera."

Dr. Simpson, in his paper "On the Statistics of Surgery," states that in 1786 the yearly rate of mortality in the whole of England and Wales was *one in forty-two*; in 1801, it was *one in forty-seven*, and in 1831, it had diminished to *one in forty-eight*, showing a reduction of annual deaths by 28 per cent. in the short period of half a century.—*Dublin Review*, vol. 7, p. 97.

These statements correspond with deductions from the English parish registry returns, made by a careful student of statistics and distinguished writer of our own country, published in the 13th volume of the American Journal of Medical Sciences. This registration, however, is incomplete, and the American writer points out the sources of this defect. It is not necessary to specify them here. They are believed to be constant, and nearly equal for the whole period; so that while the proportion of deaths to survivors is rated too low, the rating is equally too low for all portions of the half century. The error therefore does not materially invalidate the great conclusion to which Dr. Simpson's figures would lead us. Marshall, in the publication of the bills of mortality, preserved in London since 1629, has given us the fullest confirmation of this gratifying fact, so far as this largest of towns can furnish it. Finlaison recognizes it as an important element in the construction of his celebrated Annuity Tables.

Mr. Milne, in making up his well-known *Carlisle* Life Tables, ascertained with the greatest care the deaths in that town and its vicinity, for the nine years following 1778; they were in proportion of 1 to 39.99 of the population of each year. It is ascertained with equal certainty

(see Registrar General's Reports) that for the seven years, ending with 1844, the deaths in this same Carlisle and its vicinity were annually 1 in 52.6. The interval between these two periods is just 50 years, and the reduction of mortality is 22 per cent.

The deaths in the town of Northampton were carefully studied during the latter part of the last century, and compared with the population. Dr. Price made this comparison the basis of some of his life tables. Here we have another unquestionable increase in the duration of life. The Registrar General, in his Report for 1847, says of this town: "In the last century, the people here lived about 30; now they live 37 years (37½). In earlier times their life must have been shorter. Then the community had no skilful physician, no surgeon—an infirmary, a dispensary, a lunatic asylum, and from 20 to 30 educated medical men, an evidence that more skill is now devoted to the preservation of life." Thus it appears that although this Northampton is even now one of the least healthful of all the smaller towns of England, yet that the decrement of deaths there is equal to 23 per cent.

These statements, I believe, exhaust the reliable statistics of England, bearing on the subject in which we are here interested, excepting only those that relate to annuitants and the insured.

The inquiry now naturally arises, is this the end? Can the life of man be still further prolonged? We would fain hope that its maximum duration is not yet attained, and this hope is not without encouragement. We learn from the Registrar General's Report, that the mortality of England was slowly but steadily diminishing, during the eight years from 1838 to 1846. The figures that represent its ratio to the living, are for the several years respectively as follows, viz., 2.24, 2.187, 2.229, 2.160, 2.167, 2.112 and 2.082 per cent. But whatever view we are compelled to take of the future, who can doubt the cheering evidences of progress in the recent past?—substantial progress. I will adopt the suggestion of the Registrar General, and assume for the present, what I hope soon to prove, that what man desires most of all earthly things, is secured to him in fair measure, by the unobtrusive, unnoticed labors of our ill-rewarded profession. In the lapse of half a century, 28 persons, or if you prefer the lower estimate, 22 persons saved alive out of every hundred, all of whom must previously have perished! What are all the other improvements of the same period, compared with this? What, though we boast that steam has been made the day-laborer for the nations; what, though the steamship equals in magnificence the fairy palace of fiction, and skims the water with its wooden wings, as does a bird the air; what, though the iron ways encircle the earth, and daily exhibit, as I believe they do, the highest reach of human power, a perpetual wonder; what, though the electric fluid has become our news-carrier; what, though the arts have improved so as to cheapen many of the necessities of life to half their original cost! Neither of these, nay, all combined, can hardly single out the life that they have saved.

Again, France exhibits to us very strikingly the great results of professional labors. M. Charles Dupin, whose name is a sufficient guaran-

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tee for his statements, lately read before the Institute a paper on the vital statistics of that country, showing that from 1776 to 1843 (67 years), the duration of life had been increasing at the average rate of 52 days annually, so that the total gain in 2-3 of a century amounted to 9½ years; and that in no year of that period, whether during the Republic, the Consulate or the Empire, did the annual increase fall below 19 days. What a fact have we here! Even during that dread period of French history in which the death angel assumed the cap of liberty, and taxed the arts for new inventions to destroy life, and during the succeeding 13 years in which the war spirit reaped an almost unprecedented harvest, when science and arts vied with each other in contributing to this work of slaughter, and the history of Europe is but little more than the history of battles; during all this period, medicine alone lent all its energies to the preservation of life. How striking the contrast! How proud the success! In France, that glutted the guillotine with the blood of her sons, and strewed every battle-field in Europe thick with their dead bodies; even in death-smitten France, medicine saved, in 20 years, more than war and the delirious spirit of freedom could destroy.

But we shall be told, doubtless, that we are claiming for our profession more than we have any fair right to; that society has improved in all its relations, and that to these improvements are due, in a fair proportion, the results which have been quoted. Let us consider for a little in what these improvements consist. Within 150 years, the arts have reduced the cost of many of the necessities of life; but then the necessities of life have been actually multiplied by this same process of reduction, and food, the first of necessities, has not been cheapened; its money price is indeed less, but its labor cost is greater. The home-condition of the laborer (I speak of the countries from which I have drawn statistics) is more miserable than it was a century and a half ago. The rich have, it is true, become richer, but the poor have at the same time become poorer; in other words, wealth has great'y increased, but it is not distributed in other countries as it is in our own. Who that has visited the homes of labor in England or France, will believe that the overcrowded, half-clad, half-fed population of a manufacturing town can be compared in domestic comfort with the laboring classes of other times, when the honest house-wife wrought out of the noisy wheel and from the loom the honest, warm, abundant homespun; when the labors of the field brought to a country, not over populated, abundance of food; when labor had not yet destroyed its compensation by rivalry with itself; when the infirm poor were not yet so numerous that the benevolent rich could not look after them, and supply their wants. Who will believe that the crowded, hot, dusty, ill-ventilated manufactory can contribute to health like the open field, where men once labored, with its fresh breeze and its sunshine. The better and middle classes have always been long lived. *Their* home condition may have been improved in the period referred to; but have they gained as much as the many, the laborers, have lost? I confidently believe that so far from there being a betterment in the social condition of Europe within 150 years, when a fair balance is struck it will be found that things personal contribute less than formerly

to prolong life. Still it cannot be denied, that in the general improvement of society something has been done for this great object. It is in cities chiefly that these important changes are seen; and even there they are confined mostly to the rich, or at best are brought by the rich only to the doors of the poor, beyond which they rarely strive to pass. Staying as far as possible the spread of pestilence; improved ventilation in the widening of streets, and in the construction of dwellings and public buildings; diminishing the causes of disease by the removal of filth, and by a judicious drainage; and the encouragement of personal cleanliness, by making water abundant and bathing cheap; these, no one will deny, are benefits, solid benefits. *But all that is valuable in them is based on principles elaborated and promulgated by the medical profession.* Even the details of the plans by which the public have realized these benefits, have in many instances been prescribed by the profession. There is an implied recognition of this fact, in the name "medical police" which is given to the department that governs most of these things, and still more in the fact that their supervision is in a considerable degree entrusted to an "inspector" chosen from the medical profession. These, then, are medical facts popularized, as are a thousand other medical facts in hygiene and the laws of regimen. May we not, then, freely imparting as we do to the public the advantages derivable from these things; may we not ask to be remembered as the authors of the doctrines from which these benefits flow.

There is another view of this subject. We hear enumerated among the causes of *tubercular consumption*, imperfect protection either by house or clothing, against the vicissitudes of weather; scanty and innutritious food; imperfect ventilation; vitiated air; dwelling in dark, damp places; indifference to personal cleanliness. When it is remembered that these are important points among the particulars in which it is claimed that society has so greatly improved, it will be expected that this formidable malady must gradually recede before the advancing improvements. But Sir James Clarke assures us (in his book on consumption) that this is not the case. He has carefully studied the London bills of mortality, making annual averages for periods of ten years, to avoid the influence of epidemics and accidental agencies; and he finds that from 1700 to about 1830 there was no diminution in the frequency and the fatality of this disease, but rather that the *proportion of deaths from it has been increasing during that whole period.* At the same time this author fully confirms the statement already quoted from the History of England, by showing that the mortality from all diseases, consumption included, has diminished nearly one half; consumption excluded, more than one half. I need hardly add that the profession has never claimed great control over this affection; and that during all the period here referred to, it was held to be incurable. This statement favors a conviction that the advantages we have gained over disease are more in actual practice than in prevention and hygiene.

But we have facts more directly to my purpose: such as will show the physician's care of the sick, freed from all other agencies that are sup-

posed to have influence in prolonging life ; and, comparing the results of that care, at different periods, our claims will be in no respect weakened.

Dr. Merriman deduces from the bills of mortality just referred to, the fullest evidence, that in the department in which he was so much distinguished, the most signal improvement has been made. In 1680, one in forty-four died while under the care of the medical attendant ; within 50 years from that time, only one in seventy died under the same circumstances ; in another term of 50 years, mortality was reduced to one in eighty-two ; and in 40 years more (the period ending with 1820), it had fallen as low as one in 107. Here is a condition in which knowledge and skill are left to work their way unhindered and unhelped. Hygiene has little to do with it ; the improvements of society even less. It is nature and the doctor, and how has the doctor triumphed ?—fifty-nine per cent. of such as must have died in the latter years of 1600, saved in the progress of above a century and a half ! This is doing something to lift from the sex the heavy weight of the primal curse ; and we challenge, in return for it, their kind regard.

Let us now bring our inquiry nearer home. The records of the New York Hospital, a medical charity supported from the treasury of the State, show the mortality, together with the number of patients treated annually since its foundation. The first 50 years of its existence end with 1842. If this term be divided into periods of ten years each, the progressive improvement is uninterrupted ; so that while the relation of deaths to admissions in the first 15 years was one in 7 7-9, in the last 5 years it is one in 11 1-8. This is a gain of more than 30-100, or 31 saved alive out of every 100 that formerly would have died. Now here is little besides medical treatment. The growth of the city has not materially improved the site of this institution. The same building is now used that was used when it was opened, though others have been added. The wards were no more crowded through their early years than they were in 1842 ; the comfort of the patient has been equally cared for at both periods ; and it is proper to give emphasis to the statement, that in this important result, vaccination has had no part. This inestimable discovery was made, it is true, early in this period of 50 years, but it could in no way have affected this Hospital, because smallpox has never been admitted into it since its foundation. What then have we here but improvement in the practice of medicine and surgery ? And it cannot but be noticed, first, that the result here recorded equals, even exceeds, what is claimed in society at large, from all beneficial causes operating together ; second, that this result, gained without the aid of vaccination, shows that, great as is the amount of good done by this discovery, it is far from being the only life-saving agency by which the world has been blessed in the past half century.

The important deductions here made from the statistics of the New York Hospital are sustained by similar facts as collected from the records of the Pennsylvania Hospital, Philadelphia. That institution was opened for the reception of patients in 1752. Its first 90 years were completed, then, in 1842. During this period it received 39,290 patients, and lost of that number 4,120. I have not been able to obtain annual

reports, but the deaths for the whole term of 90 years were one in 9½ of all admitted, while in the last of these years it was only 1 in 11.87. This gives us the last year better than the whole by more than 19 per cent.; an improvement we could only have been prepared for, after learning the striking facts substantiated by the fullest details from the New York Hospital.

From the statistics of the last century it appears that the number of patients admitted into the Pennsylvania Hospital, in the ten years ending with April, 1852, was 13,472; of whom 1056 died, making the deaths a little better than 1 in 12½. Thus we have a gain in the last ten years, over the preceding 90, of more than 25 per cent.

In appreciating the value of these facts, it must be borne in mind that the physicians and surgeons to whom hospital duties are assigned, are but the representatives of their profession. They are the exponents, the public manifestation of its condition. What they do within the hospital walls, others are doing in private circles, each in his own proper sphere.

Is it not true, then, that medicine is the first of the progressive arts; and not first only, but incomparably above and beyond all others in the priceless benefits it has bestowed on man? Yet who has risen up to give it public thanks for its Herculean labors? Who has proposed to commemorate the vast achievement of prolonging the years of the life of man more than one fourth their former average, throughout civilized Europe and America, in the short period of half a century?

When a great canal or railroad is completed, the air is rent with clamors. Men's voices are inadequate to express their joy, and cannons thunder forth their glad congratulations. Orators speak of "the marriage of mighty waters;" and men, as they meet in the street, say, the great work is accomplished. Well, is it not better thus?—for what celebration can adequately commemorate these triumphs of medicine! What monument can typify their greatness? Yet we have a right to demand a fair estimate of the value of our profession to society, and an honest acknowledgment of what it has done for the well being of man. Grant us this, and, by the blessing of God, we will raise our own monument; it shall be the armies of living men our hands can rescue from the grave.

#### CASE OF POISONING WITH NUX VOMICA—RECOVERY.

AT THE ROYAL FREE HOSPITAL, LONDON.

**NUX VOMICA** is one of those poisonous substances for which we unfortunately possess no antidote, and whose destructive properties have, by experiments upon animals, and by accidental or wilful ingestion among human beings, been abundantly ascertained. No opportunity should, however, be lost of verifying or controlling what is known respecting the effects of nux vomica or its alkaloid strychnia, and this consideration induces us to bring the following case before our readers.

Dr. Christison states that nux vomica "is a powerful narcotic of that limited class which act almost entirely on the spinal column, producing,

in poisonous doses, violent tetanic convulsions, without impairing the functions of the brain. Two drachms of the powder have proved fatal in two hours, and even *thirty grains* have been said to cause death. Those who recover from the primary effect on the nervous system may suffer from irritation in the alimentary canal, and an instance is on record of death being thus apparently produced in three days by three grains of the spirituous extract." The effects of strychnia (the proportion of the alkaloid to the *nux vomica* seeds being about one two-hundredth part) are stated to be as follows:—

"The slightest observable effects from small doses are twitches from the muscles of the arms and legs, occurring especially during sleep, and accompanied with restlessness, some anxiety, acceleration of the pulse, and generally slight perspiration. More rarely the bowels present increased activity, the urine is either augmented or discharged more frequently, and the venereal appetite is promoted. Larger doses cause violent startings of the muscles, or even also a tendency to lock-jaw, which are succeeded by stiffness, weariness, pain or rending in the limbs. In their highest degree these amount to violent tetanic spasm, occurring in frequent fits, with brief intervals of repose, acute sensibility and dreadful alarm. \* \* \* Strychnia is one of the most subtle poisons. I have seen a wild boar killed in ten minutes with a third part of a grain of commercial strychnia injected into the cavity of the chest. I have known two thirds of a grain cause alarming lock-jaw and general spasms in the human subject when swallowed. One grain introduced into a wound would probably prove fatal to a man; and Pelletier and Caventou have killed a dog in thirty seconds with the sixth of a grain of the pure alkaloid. \* \* \* *There is no antidote for it.*" Having premised thus much respecting the effects of *nux vomica* seeds and its alkaloid, let us describe the history and symptoms of Dr. Hassall's patient from the notes taken by Mr. Curgenven, House-surgeon to the Hospital.

Abraham D——, aged 20, a laborer of a healthy appearance, was admitted to the Hospital on the 27th of August, 1853, having three quarters of an hour previously taken about one drachm and a half of powdered *nux vomica*, which he purchased for the alleged intent of poisoning rats.

When admitted he was in a profuse perspiration, the skin of the face, neck and chest was greatly congested, the eyes suffused, the pupils slightly contracted, and the pulse hard and excited. The patient was greatly agitated, and on moving he grasped firmly the nearest object for fear of falling.

A few minutes after admission a tetanic paroxysm came on suddenly, the man was thrown into a state of opisthotonos, all his muscles becoming rigid, and respiration for the time suspended. This fit lasted about half a minute, when the muscles became relaxed, and he was again able to answer questions. Two emetics (sulphate of zinc?) had been given him before he was brought to the Hospital, but neither had acted.

On admission a sulphate of zinc emetic was administered, but without effect. The stomach-pump was then used, and mixed with what was



ejected could be seen some greyish powder, but unfortunately the fluid was thrown away without any tests being used.

The patient now stated that having purchased the poison (said by the chemist to have been two drachms of powdered *nux vomica*) he went home, and mixed it with some water in a wine-glass, and whilst drinking it his mother knocked the glass out of his hand; he had, however, drank nearly the whole of it. Soon after the ingestion of the poison he felt a little drowsy, and the first paroxysm of tetanic spasm came on about ten minutes afterwards. He had several of these fits before he was brought to the Hospital, and five after his admission into the ward. They went on decreasing in severity, and none were observed after the fifth was over.

The night following, the patient slept well, and the next day he complained of cramping pains in his limbs when he moved them; tongue rather dry; much thirst; bowels confined. He was ordered an aperient and a saline mixture.

On the 29th, the second day after admission, the pains had left him, his bowels had acted freely, the feverish symptoms had subsided, and the following day the man was discharged in very good condition.

It is a pity that the exact quantity of *nux vomica* powder which the patient took could not be ascertained; but it may approximatively be said that the dose was a very dangerous one, lying, as does, between the two drachms and the thirty grains mentioned by Dr. Christison. The case which we have just related presents some of the features which have been described by toxicologists, viz., tetanic spasms of a very violent nature succeeding each other very rapidly, and which disappeared completely when the poison had been washed away. Permanent locked-jaw did not, however, set in, but the cramping pains in the limbs, which came on towards the second day, and the uncertainty of gait which the patient manifested on his admission, were quite in keeping with the usual effects of the poisonous substance. The undoubted usefulness of the stomach-pump was well shown in this case, and the circumstance affords an additional proof that this valuable instrument is one of the best contrivances for thoroughly emptying and washing out the cavity of the stomach.—*London Lancet.*

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#### EXTRAORDINARY RETENTION OF A DEAD FŒTUS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Believing that *facts* like the following should be preserved for the benefit of science as well as of medical jurisprudence, and knowing of no better way to preserve them than to ask their insertion in the Journal, I forward them to you with that request.

Some weeks since, I was called to Mrs. R——, of Stockbridge, whom I found in labor, which lasted some six hours. This, for her, was rather a hard labor. She was, however, safely delivered of a large, healthy child, at apparently her full time. While examining for the placenta I discovered something had apparently ossified. The placenta soon

passed off, and with it this apparently foreign substance, which proved to be nothing more nor less than a dead and partially decomposed *fetus* of about four months.

The *query* with me is, how could nature's functions harmonize in thus enabling the mother to carry both a dead and living child for at least five months. The mother recollects, that when about three or four months advanced in pregnancy, the sudden announcement of the death of a relative produced a fainting fit, some sickness at stomach, and slight indisposition for two or three days. Since then, up to the time of labor, she has enjoyed uniform good health, enabling her to manage her household affairs without assistance to the time of delivery.

Yours, &c. N. B. PICKETT.

Great Barrington, Nov. 19, 1853.

#### "A LADY IN THE CASE."

*To the Editor of the Boston Medical and Surgical Journal.*

PATIENCE, dear doctor, patience! And yet I fear that alligators and "motive power" are destined to be the death of patience, both to editor and reader. Bear with me this once, while I inquire, what is the gist of the matter in controversy between Mrs. Willard and Dr. Cartwright, on the one part, and Dr. Hunt and others, on the other? "Who knows but even" Mrs. Willard "may become convinced" that the answer to that inquiry is yet a desideratum. This answer is not contained in the assertion that "the chief motive power of the blood is in the lungs and not in the heart." This is a mere theorem—definite and intelligible; but still wanting proof. So, at least, claim the opponents who have contributed papers to your Journal on the subject. The phenomena regarded by Mrs. Willard and Dr. Cartwright, as denoting the truth of her theory, are, in the estimation of others, entirely inconclusive and irrelevant. Important and specific objections have been presented—yet all these have been unheeded. They show no lenity to stupid unbelievers, by condescending to illustrate or explain, but leave us to grope in darkness, while they sing another psalm to the "Lady in the Case," and keep the even tenor of their way to "immortality"—the Doctor, of course, as gentleman-usher to the "Lady."

If Dr. Hunt intends to say that "*this matter* can never save a patient, or do any other practical good"—or, rather, the satisfactory solution of the question, whether this doctrine be true, I think his conclusion not merely hasty, but probably wrong; and Mrs. Willard is quite reasonable in claiming that a subject, "serious as life and death," should not be disposed of "in a laughing satire." But while Dr. Hunt has mingled satire, no less keen than irrelevant, with facts and arguments which are obviously legitimate, has Mrs. Willard mended the matter by advertising her work on *Astronomical Geography*?

A large majority of the readers of your Journal, Mr. Editor, are destitute of means for accurate scientific research. We have no alligators for dissection, nor chemical nor philosophical apparatus for experiment.

We cannot "keep up," by the purchase of every new book, or new edition of an old one. Nevertheless we are as diligent in using all the means within our reach, for the attainment of knowledge, as the members of other professions. A record of the current matters appertaining to the profession must, in part, supply these deficiencies. It is only through your Journal that we have, most of us, been apprised that such a startling doctrine as the one in question had been announced to the world—and that at least one distinguished member of our profession was its champion. Was it not due from Dr. Cartwright, in announcing his adoption of Mrs. Willard's theory, that he should have given us an intelligible *rationne* of the doctrine? Or if the responsibility of first publishing Dr. Cartwright's conversion to her own opinions may rest on Mrs. Willard, was it not due from her? True, there was an intimation in the Journal that she had written a book on the subject; but, on diligent inquiry, I have never found the book, nor seen a physician who had been favored with its perusal.

If it be claimed that Mrs. Willard's and Dr. Cartwright's contributions to your Journal have been sufficiently clear and definite to convey a just notion of the doctrine, and of the grounds of its support, to the minds of men of ordinary intelligence, I can only appeal to the fact, that to all the inquiries I have addressed to many of my medical associates on the subject, the uniform reply has been that they could make nothing of it. Was it thus with the announcement of the great discoverer whom Mrs. Willard is rivalling?

It is no trifling objection to Mrs. Willard's theory of the "chief motive power," that the size, solidity, and position of the heart fits it, better than any other portion of the channel through which the blood circulates, for sustaining an impulse of sufficient power to send the blood from the centre to the extremities, and to secure it against recoil, or laceration. It is equally obvious that the lungs have no such adaptation. Whether the "motive power" depend on rarefaction, or muscular contraction, the *recoil* would neutralize the impulsive force; or laceration of the pulmonary tissue would inevitably follow. Nature, no less than art, demands something better, for moulding the ponderous iron, than a bed of gossamer. The volcano must be underlaid with granite—or the occupants of Symmes's Hole would share, equally with ourselves, the disastrous consequences of "rarefaction" in its labyrinths.

The "side-issues," as Dr. Hunt calls them, are well disposed of when he intimates, that while the Bible is given as a rule of faith and practice in *moral*, not in natural science, yet, thus far, all seeming discrepancy between the declarations of Scripture, and scientific research, have disappeared on further investigation. Let me add, if the doctor reads the Bible "for the benefit of his *heart*," as he promises, his *head* will be a partaker of the boon, in spite of him.

The qualifying term, "chief," seems to imply that Mrs. Willard admits some agency of the heart in the circulation. On the other hand, all admit that a great variety of agencies, subordinate, yet essential, are included in producing the final result. But that the chief, immediate, and efficient cause of the vital flood is muscular contraction of the heart, will pro-

bably continue to be the settled doctrine of medical philosophy, until Mrs. Willard and Dr. Cartwright shall think proper to confine their centrifugal speculations within the limits of definite, intelligible propositions.

J. L. CHANDLER.

St. Albans, Vt., Dec. 1, 1853.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 7, 1853.

*Text Book of Dissections.*—Messrs. Lindsay & Blakiston, Philadelphia, to whom we are indebted for so many excellent works, have produced another very admirably finished volume of over eight hundred pages, and numerous illustrations, with this title, "A Text Book of Anatomy and a Guide in Dissections, for the use of Students of Medicine and Dentistry, by Washington R. Handy, M.D., Prof. of Anatomy, &c., in the Baltimore College of Dental Surgery." The author has summed up in his Preface, the objects and uses of his work. He does not pretend it is without a parallel. He knows that systems of dissection are numerous, and some are highly meritorious productions. But he had in view dental students as well as medical and surgical, and makes reference in the book to what they ought to know. He frankly acknowledges his indebtedness to other writers, and he has consulted the best books of authority, adding whatever he could from his own resources. No one in his senses believes in the possibility of adding an undiscovered bone, muscle or tube to the number already catalogued, as part and parcel of the human body. But there may be improvements in regard to the arrangement of parts, so as to have them clearly understood in their functional and mechanical relations. Dr. Handy has a nice perception of what constitutes such improvements. His descriptions are sufficiently full, yet no unnecessary words are allowed to occupy room that might be otherwise appropriated, and it may strike some that there is too much brevity. The work is intended principally as a guide to the different regions, with brief directions for finding any particular part, together with descriptions of organs brought into view under the knife. The anatomical description of the brain, with reference to finding any of the vessels and membranes, or any portion of the encephalon, is not surpassed by that of any author. Such, too, is the fact in respect to the organs of sense. A beginner, unless distinguished for stupidity, might gather a very correct notion of the peculiarities of each and all of them, by the plain, correct description given in this book. This work will not drive other treatises out of the market, but it is quite sure of having the preference over many of them, on account of its freshness and reliability. We congratulate Dr. Handy on the successful termination of the labor imposed voluntarily upon himself in his ardor to make a knowledge of anatomy, which is the groundwork of medical science, easy of acquisition. We trust the new and elegant volume which he has produced will have an extensive sale. Some of the plates are far from favorable specimens of wood engraving, and ought not to have been introduced. On the other hand, there are a few that are very good. It would pay well, in another edition, and it is quite probable several may be required before Dr. Handy is considered out of date, to

have very elegant and minute exhibitions of the viscera, vessels, nerves, &c.—In Boston, copies may be found at Ticknor & Co.'s, Washington st.

*History of the New Orleans Epidemic.*—E. D. Fenner, M.D., a distinguished physician and medical writer of New Orleans, has nearly completed a full and minute account of the late destructive epidemic in that city, which will appear in a pamphlet form about the middle of December. It will occupy about fifty pages, and if well received, a second edition will follow, giving a narrative of the epidemic in all other places in that region. This will form part of an intended history of Yellow Fever in New Orleans, and its neighborhood, for the last twelve years—comprising the best essays that have appeared on the subject within that period. The whole, when completed according to the learned author's original design, will constitute an octavo of about 350 to 400 pages, to be ready for the press the coming Spring. From the personal knowledge we have of Dr. Fenner's accuracy, energy, and love for the literature of a profession of which he is one of the pillars, we are confident of the value of the forth-coming work, and hope there will be a cordial effort made by the medical fraternity throughout the whole country, to encourage and sustain the enterprise he has commenced.

*Legitimate Goal of Professional Ambition.* Dr. McPheeters's Address.—Introductory to the present course on materia medica, at the University of St. Louis, William M. McPheeters, M.D., gave a discourse on the *legitimate goal of professional ambition*, which was published by the class. It is a performance highly creditable to the author. His analysis of ambition in its relation to the medical profession, is no every-day affair. He was fully justified in saying, "Medicine, gentlemen, is a jealous calling; it brooks no divided affection and half-way devotion, and bestows its honors only on such as continue to be its constant votaries." One of the strong points in this agreeable introductory, is found on the fourteenth page:—"He who would adorn his profession," says Dr. McP., "and would become a blessing to mankind, must be an upright, conscientious and truly Christian man. It is admitted on all hands that a profession charged with so lofty and benign a mission as ours, and where responsibilities are of so delicate and weighty a character, must necessarily demand eminent qualifications both of the head and heart." Much gratification as it would afford us, to extract largely from this discourse, we cannot do it, and the subject must be left with the expression of a hope that the seed it sows may germinate and bear fruit, and thus diffuse the principles which Dr. McPheeters so well inculcates.

*Sanitary Reforms.*—A series of letters on this subject, addressed to the City Council of New Orleans, in 1850, by S. W. Dalton, M.D., of that city, have recently been reprinted for circulation. Dr. D. tells the officials of their sins of negligence, their culpability in not improving the streets, abating nuisances, and other things which they were bound to accomplish. Had they been influenced by the doctor's reasonings and advice, the late awful epidemic, from which New Orleans will not recover for a long time to come, might never have occurred. It is miserable policy to make up a board of health, unless there is urgent reason for it, wholly of men who are ignorant of the laws of disease. There should be a physician among the members; not a dependent, however, who dares not present a suggestion for

fear of losing his office, but a well-read, sound-minded, independent medical man. There are many valuable statistical memoranda of the yellow fever introduced in this pamphlet, to show what it had been, and where, in the vicinity of New Orleans, in previous years; but this urgent appeal to the sleepy or stupid Board of Health, in 1850, does not appear to have influenced the members. Even the cases of death in the city did not alarm them so much as being told they neither understood, nor manifested a disposition to discharge their duties. The letters of Dr. Dalton are as appropriate now as they ever were. The sanitary reform demanded in them has not yet been commenced. If the citizens cannot be awakened to a sense of their danger, and to the adoption of proper means, another and perhaps a mightier destruction of human life awaits the population. These letters ought to be circulated throughout the municipalities of New Orleans, and placed in every house. The medical gentlemen of that city have gained a well-merited distinction abroad by their humanity and devotion to the sick, in the late dreadful scourging which that city passed through; and if the conscript fathers would practise according to the directions of those scientific physicians, there would be a well-grounded hope that another visitation of yellow fever would not occur.

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*Massachusetts College of Pharmacy.*—A course of scientific lectures, under the patronage of this important institution, at the Medical College in this city, to be delivered twice a week, has been commenced. Every apprentice and assistant in an apothecary or drug store, throughout the city, should have the privilege of attending. They would thus become scientifically familiar with the exact medicinal character of the articles in which they deal, and the public would be more secure against a repetition of those fatal mistakes that have been made by selling over-doses of medicines, as well as poisonous drugs, the specific effects of which are not always known to clerks. Physicians should give to the College of Pharmacy, in Boston, the whole weight of their influence.

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*Untimely End of a Physician.*—The following account of a melancholy occurrence is taken from a newspaper published in a distant State. It is well that such cases, when they do occur, should be held up to the view of the profession—that it may be seen that not only are medical men, in common with others, liable to fall by an indulgence whose fearful effects it is their peculiar province to understand, but that even the most gifted of them are not safe from the temptation.

"Dr. J. A. C., of this county, a gentleman universally liked and much esteemed by his neighbors and friends, a successful farmer, and an excellent physician, was found dead in his bed on Wednesday morning, about 3 o'clock, his throat horribly cut. Notwithstanding his many excellent qualities, he had one besetting sin which proved his ruin—he indulged too freely in intoxicating liquors. He made repeated efforts to reform, and some months since joined a division of the Sons of Temperance; but a short time after he was tempted, his unconquerable appetite overcame his good resolution, and he fell. The consequence was, that he was attacked with mania, and during his temporary insanity, his attendants having fallen asleep, he procured a knife and put an end to his own existence. Those in his neighborhood, particularly the poor, will deeply feel his loss, and none that knew him but must sincerely regret this deplorable end of a high-minded, generous and noble man, himself his only enemy."

**Medical School of Richmond, Va.**—A large pamphlet is in circulation addressed to the public, on the affairs of the medical department of Hampden Sidney College, which is located at Richmond. It seems that perfect peace is not enjoyed by the medical faculty of that part of Virginia, owing to the fact that there, as elsewhere, various opinions are entertained by divers gentlemen, in respect to things medical. Certain friends of the institution, it would appear, who were convinced that the appointment of Dr. Wilson to a professorship would have a good influence, have been surprised by the unexpected rebellion of a part of the faculty, the "disorganization of the school, and the coarsest aspersion," as they say, "of our motives." Then follows an appendix, more voluminous than the appeal, containing copies of transactions, remarks, &c., which have a very diplomatic appearance. The more we labored to comprehend the nature of the difficulty, the more obscure it appeared; and with the desire of having a clearer insight into the matter, the pamphlet is laid aside for some stormy night, when it will receive further attention.

**Report on Surgery to the Kentucky Medical Society.**—A report, by J. B. Flint, M.D., Professor of Surgery in the Kentucky School of Medicine, chairman of a standing committee on that branch, in the Kentucky State Medical Society, was objected to, on being read, because, says the preface—"pending the usual question on the reference of it to the committee of publication, two members objected that it contained personalities affecting themselves—one of them particularizing the portion relating to professional extortion, and the other that which was said of abuses of the speculum. A friend of these objectors moved that all in the report which related to medical ethics, should be omitted in the publication, as irrelevant matter; and the society having voted accordingly, the reporter asked leave to withdraw his paper, and this permission was given. Subsequently, in the absence of the author, the Society reconsidered the matter, and unanimously instructed the Secretary to request him to furnish a copy for reference to the publishing committee, without any conditions or restrictions whatever."

From an examination of the pamphlet, made rather hastily, a favorable opinion is formed of the report. Very many suggestions are recognized, and some truths of an important character. Dr. Flint speaks his thoughts boldly, and where he discovers weak points in modern surgery, he has independence enough to exhibit them. How truly the following lines describe what takes place out of Kentucky. "No surgery elicits praise, but it consists of *exploits, achievements, feats*—not exactly *leger-de-main*, but, if I may coin a word for my purpose, *sanglan-de-main*." It requires some nerve to write out one's thoughts, now-a-days, as one is sure to hazard a little paper war, if he happens to excite the jealousy of those who would limit all progress in which they are not the principal actors.

**Reported Death of Dr. Hester, of New Orleans.**—A telegraphic despatch from New Orleans, dated Dec. 1, announces the sudden death, by cholera, on the morning of that day, of Dr. A. Hester, of that city. Dr. H. was one of the most distinguished physicians of that place, and was the editor and proprietor of the New Orleans Medical and Surgical Journal, which under his management has attained a wide celebrity. We await further particulars of this melancholy event.



**Death from Chloroform in Edinburgh.**—The first case of death from inhalation of chloroform, in Edinburgh, took place at the Royal Infirmary, on the 28th of September last, in a patient under the care of Dr. James Lunsdun, Surgeon to the Infirmary. The man was 43 years old, of intemperate habits, and had twice before inhaled chloroform without injury. He was admitted for retention of urine, and the operation to be performed was division of the stricture by an incision in the perinæum. An ounce of chloroform on a handkerchief was used. Four or five minutes elapsed before the pulse began to fail. Artificial respiration, opening the trachea, and galvanism, were had recourse to. The case is fully reported in the Edinburgh Monthly Medical Journal.

**New York City Hospital.**—The managers the New York City Hospital have appealed to their fellow citizens for aid to enable them to enlarge the establishments connected with that institution. The sum required to meet the demands of the rapidly-augmenting population is \$250,000; \$100,000 of this amount is required for the Asylum for the Insane. To this appeal there has been a noble response. Mr. James Lenox has subscribed \$25,000; Joseph Sampson, Esq., \$10,000; an anonymous contributor, \$25 0; eleven individuals have subscribed \$2,000 each; forty-three have given \$1000 each; twenty-nine persons have contributed \$500 each; thirteen individuals give \$250 each; twenty have subscribed \$100, and various other donations make up a total subscription of \$122,710.

**Medical Miscellany.**—Dr. Mussey's paper on anæsthesia, originally published in the Western Lancet, is now circulated in a small pamphlet. The author manifests his usual vigor of thought and energy in execution.—Smallpox is immensely on the increase at many points in the interior.—Dr. Winslow, formerly of Nantucket, who for some years conducted a large private hospital at the Sandwich Islands, where he accumulated a fortune, has recently established himself at San Francisco.—The profession has been served with a pamphlet containing *proofs and evidences of the purity and medical properties of Wolfe's Schiedam Aromatic Schnapps*.—The cholera is represented to have appeared at New Orleans.—No. 8 of Dr. Tully's Pharmacologia has been published.—Dr. Clark's report meets with the entire approbation of medical men.—Smallpox is steadily on the increase in several parts of the country.—A large number of American medical students are at the schools in Europe, the present lecture term.

TO CORRESPONDENTS.—Papers have been received—from Dr. G. R. Henry on Quinine in Pregnancy, and W. B. S. on Empiricism—and also the favor of Prof. Ware, of this city.

MARRIED.—At Dedham, 30th ult., Ebenezer P. Burgess, M.D., to Miss Caroline F. Guild.—At Westford, Conn., 29th ult., Dr. Melancthon Storrs, of Colchester, to Miss Jane D. Adams, of W.

**Deaths in Boston** for the week ending Saturday noon, Dec. 3d, 85. Males, 45—females, 40. Accidents, 4—inflammation of the bowels, 1—inflammation of the brain, 2—consumption, 20—croup, 4—drousy, 3—dropsy in the head, 2—infantile diseases, 7—erysipelas, 1—fever, 1—typhoid fever, 2—hooping cough, 1—disease of the heart, 3—hemorrhage, 2—inflammation of the lungs, 3—congestion of the lungs, 1—disease of the liver, 1—marasmus, 2—measles, 8—old age, 5—paralysis, 1—rheumatic gut, 1—suicide, 1—teething, 4.

Under 5 years, 33—between 5 and 20 years, 7—between 20 and 40 years, 22—between 40 and 60 years, 9—above 60 years, 12. Born in the United States, 52—Ireland, 24—British Provinces, 1—England, 2—Germany, 4—France, 1—Sweden, 1. The above includes 4 deaths at the City Institutions.

*Dr. Dyer on Homœopathy.*—A correspondent has sent us a reply to the remarks of Dr. Dyer in the Journal of Nov. 16th; but so much of it is irrelevant to the subject, that we cannot insert it entire—even if we felt called upon to publish replies which more properly belong to the organs of the School to which he appears to belong. The following extracts from it are given.

"When parties emulate each other and the standard of talent is high in all, it is wrong for the one to impute the epithet of 'majestic absurdity, degraded and degrading system of quackery.' Such is not progressive diction, it belongs rather to that which an English divine, by name, Everest, would call 'assertion without reason,' and may be sometimes found 'where ignorance is bliss.' There are other denominations beside Allopathy under the nominal protection of 'legitimate medicine.' Pennsylvania, Ohio, Wisconsin, and your neighbor the Bay State, will prove you this. It is not now treason to secede from institutions that make age their commentary. A system that now lives fifty years is a Methuselah to one of five centuries in other times. A long life in a short time, and great achievements, is the spirit of the age."

"Every drop of blood from a well man is his life in proportion; and yet, you contend that in disease the rule is reversed—that bleeding becomes *curative*. Now is it any more inconsistent that doses of medicines produce results upon the sick, where the same would be harmless in health; than that bleeding, deadly in health may be curative in disease? Symptoms are disease, among which is debility, always. Thus bleeding, if tending to recuperate, must act on *such* Homœopathic principles as some maintain—knocking a man down the second time to cure the effects of the first blow. Bleeding, however, I think, is becoming only a tradition—a bone of contention between scattering professional advocates and the people. Soon, the vaccine trace will be unaccompanied by the cicatrix of venesection, the dignity of the medical vocabulary will drop from *deliquium animi* to *facitious* blind staggers, and quadrupeds only (like the hundred-mile gelding), attest the utility of the process."

"A point touching the greater interest of Homœopathic physicians in the pecuniary part of the trade, to the expense of patients, is a matter that needs no reply. I can point you to honest men in the system; you can do the same in yours."

*New Vaccination Act.*—Two women at Tedham, St. Mary, in Devonshire, were brought before the magistrates lately, charged with purposely exposing some children to the contagion of small-pox, and thereby inducing the disease. This was the first case under the new vaccination law for England and Wales. It broke down owing to the perjury of one of the witnesses; but if death had ensued, the parties concerned would have been tried for murder. This act seems to have excited considerable discontent among the profession in England, partly from its compulsory provisions, and partly from the insecurity of remuneration.—*Edinburgh Monthly Journal of Medical Science.*

*Soot as a Deodorizer.*—Dr. Elliott, of Carlisle, says that in Carlisle great assistance has been derived at little cost, during the removal of manure, otherwise so perilous, by the immediate use of a few shovelful of soot. This substance is generally had in abundance where quick lime is scarce, and *vice versa*.—*London Lancet.*

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